## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 38650OF 52410 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NRCC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BUDD, STEVE, , , Date of Receipt Mailing Address 5461 QUIMBY AVENUE NORTHWEST 2020 City Zip Code State Transaction ID: SA11A.20368671 ANNANDALE MN 55302-3938 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) CEO **IRT** CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 3000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WINRED Date of Receipt Mailing Address PO BOX 9891 2020 City State Zip Code Transaction ID : SA11C.20366682175129 **ARLINGTON** VA 22219-1891 Amount of Each Receipt this Period FEC ID number of contributing 50.00 C00694323 federal political committee. X Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General SEE ATTRIBUTION BELOW FOR ALL DONORS Other (specify) ▼ 44637579.95 ABOVE ITEMIZATION THRESHOLD Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SPEER, SUSAN, , , Date of Receipt Mailing Address 519 BACKCOUNTRY LANE 2020 City Zip Code State Transaction ID: SA11A.20368678 CO HIGHLANDS RANCH 80126-5633 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION **SELF CAREGIVER** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 300.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....